

## **Supplemental Application Data Sheet**

### **Application Information**

Application Number:: 10/621,326  
Filing Date:: July 18, 2003

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: REDOX THERAPY FOR TUMORS  
Attorney Docket Number:: HOFFMAN9  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country::	United States/Israel
Status::	Full Capacity
Given Name::	Arnold
Middle Name::	
Family Name::	HOFFMAN
Name Suffix::	
City of Residence::	Rehovot
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	5 Rehov Hagra
City of Mailing Address::	Rehovot
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States/Israel
Status::	Full Capacity
Given Name::	Lee
Middle Name::	M.
Family Name::	SPETNER
Name Suffix::	
City of Residence::	Jerusalem
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	27 Hakablan Street
City of Mailing Address::	Jerusalem
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	93874
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel/Australia
Status::	Full Capacity

Given Name:: Michael  
Middle Name::  
Family Name:: BURKE  
Name Suffix::  
City of Residence:: Ramat Gan  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 61 Yosef Zvi Street  
City of Mailing Address:: Ramat Gan  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 52312

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Israel	140970	01-18-01	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::

Postal or Zip Code of Mailing Address::